# **HOGAN & HARTSON L.L.P.**

500 SOUTH GRAND AVENUE **SUITE 1900** RECEIVED LOS ANGELES, CA 90071 CENTRAL FAX CENTER

Tel.: (213) 337-6700 Fax: (213) 337-6701 AUG 0 8 2006

IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

BUDAPEST\* LONDON MOSCOW PARIS\* PRAGUE\* TOKYO WARSAW BALTIMORE, MD BOULDER, CO COLORADO SPRINGS, CO DENVER, CO IRVINE, CA McLEAN, VA MIAMI, FL NEW YORK, NY (PARK AVE) NEW YORK, NY (THIRD AVE) ROCKVILLE, MD

WASHINGTON, DC BRUSSELS

				*Affiliated Office
TO:	U.S. Patent and Trademark Office		DATE:	August 8, 2006
-	Examiner: Chuong A. Luu Art Unit: 2818			August 6, 2000
FROM:	Lawrence J. McClure		TIME:	
TOTAL	NO. OF PAGES, INCLUDING COVER:	12		
please note th	information is CONFIDENTIAL and is intended only it the intended recipient(s) or the employee or agent relat any dissemination, distribution or copying of this in in error should notify us immediately by telephone a	sponsible for deliveri	ing the message to	the intended recipient(s),
SSAGE;				***************************************

#### Æ

Patent Application No.: 10/786,890/ 81880.0114 I hereby certify that the following documents:

☑ Amendment Tranmittal/Amendment

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

> 08/08/2006 Date of Deposit

TELECOPY/FAX NUMBER:	(571) 273-8300 ART UNIT 2818
CLIENT NUMBER:	81880.0114
ATTORNEY BULLING NUMBER:	1966
CONFIRMATION NUMBER:	(return fax to Rhonda Hurt)

Aug-08-06

16:27 **FORM PTO-1083**  From-Hogan & Hartson L.L.P. Los Angeles, CA

+1213 337 6701

Art Unit:

Examiner:

2919

Chuong A. Luu

(571) 273-8300:

P.O. Box 1450

August 8, 2006

Rhonda Hurt

Signature

Date of Deposit

Name Phonda Hu

Commissioner for Patents

Alexandria, VA 22313-1450 on

I hereby certify that this correspondence

Is being transmitted via facsimile to

T-176 P.002/012 F-724

Attomey Docket No.: 81880.0114 Customer No.: 26021

RECEIVED

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CENTRAL FAX CENTER** 

AUG 0 8 2006

08/08/2006

Date

In re application of:

Yoshio SHIMOAKA

Serial No: 10/786,890 Filed: February 25, 2004

PRINT MASK AND METHOD OF MANUFACTURING

ELECTRONIC COMPONENTS USING THE SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as ab

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUME PREVIOUSLY PAII		(Col. 3) PRÉSENT EXTRA*	LG/SM \$ ENYITY		DUE DUE
TOTAL CLAIMS FEE	11	1.1	20	••	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	3		3		0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION	OF MULTIPLE DEPENDENT	T CLAIM	ıs			E ENTITY FEE:		\$ 0
ADDITIONAL SIZE FEE	(IF ANY) (TOTAL PAGES OF	SPEC	AND DRAWINGS TOGE	THER)	\$250 FOR EACH A	ADDITIONAL 50		\$ 0
						Т	OTAL	\$ Q

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

"It the "Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space.

"If the "Highest Number Previously Paid For IN THIS SPACE is loss than 3, write "5" in this space. The "Highest Number Previously Paid For (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$enclosed.	to cov	er the additiona	l claims fee is	enclosed.	A copy o	of this sheet is

A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 冈 communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

冈 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

OGAN & HARTSON L.L

Date: August 8, 2006

**Biltmore Tower** 500 South Grand Avenue, Suite 1900

Los Angeles, California 90071 Telephone: 213 337-6700 Facsimile: 213 337-6701

Lawrence J. McClure

Registration No. 44,228 Attorney for Applicant(s)

+1213 337 6701

Art Unit:

Examiner:

2919

Chuong A. Luu

T-176 P.003/012 F-724

**FORM PTO-1083** 

Attorney Docket No.: 81880.0114

Customer No.: 26021

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

AUG 0 8 2006

In re application of:

Yoshio SHIMOAKA

Serial No: 10/786,890 Filed: February 25, 2004

PRINT MASK AND METHOD OF MANUFACTURING ELECTRONIC COMPONENTS USING THE SAME

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

网 No additional fee is required.

The fee has been calculated as shown below:

I hereby certify that this corrus being transmitted via facs.	espondence imile to
(571) 273-8300:	7
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450	on
August 8, 2006	
Date of Deposit	
Rhonda Hurt	
Name	
Rhonda Hevit	8/08/2006
Signature	Date

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUME PREVIOUSLY PAIL		(Col. 3) PRESENT EXTRA*	LG/S \$ ENTITO		DO'L DUE
TOTAL CLAIMS FEE	11	-	20	48	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	3	<u> </u>	3	***	0	LG≃\$200 SM=\$100	\$Ó	\$ 0
FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM	s			E ENTITY FEE		\$ 0
ADDITIONAL SIZE FEE	(IF ANY) (TOTAL PAGES OF	SPEC	AND DRAWINGS TOGE	THER)	\$250 FOR EACH A SHEETS	DDITIONAL 50		\$ 0
							TOTAL	\$ 0

"If the Entry in Co. 1 is tess than the entry in Co. 2, write "o" in Co. 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$	0	to cover the additional claims fee is enclosed.	A copy of this sheet is
enclosed.			

A check in the amount of \$\_\_\_\_0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

冈 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

図 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted. OGAN & HARTSON !

Date: August 8, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071

Telephone: 213 337-6700 Facsimile: 213 337-6701

Lawrence J. McClure Registration No. 44,228

Attorney for Applicant(s)

Appl. No. 10/786,890 Amdt. Dated August 8, 2006 Reply to Office Action of May 8, 2006

Attorney Docket No. 81880.0114 Customer No.: 26021

RECEIVED
CENTRAL FAX CENTER

AUG 0 8 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshio SHIMOAKA

Serial No: 10/786,890 Confirmation No.: 3529

Filed:

February 25,2004

For:

PRINT MASK AND METHOD OF

MANUFACTURING ELECTRONIC COMPONENTS USING THE SAME

#### **AMENDMENT**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 8, 2006, please consider the following remarks:

Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

Art Unit: 2919

Examiner: Chuong A. Luu

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 8, 2006
Date of Deposit
Rhonda Hurt
Name

Burned Hurt
O8/08/2006
Signature
Date